

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 577324

FILING DATE

4.28.06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		3				
11		3				
12		3				
13		3				
14	1		1			
15		1				
16		1				
17	1		1			
18	1		1			
19		5				
20		5				
21		5				
22		5				
23		5				
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48						
49						
50						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	27	←		←
TOTAL CLAIMS			31			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						